Please type a plus sign (+) inside this box

14

| | _ |
|---|-----|
| | ر ا |
| _ | 7 |
| | ł |

PTO/SB/21(08-00) Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| Application Number | 10/017,132 |
|------------------------|------------------------|
| Filing Date | December 14, 2001 |
| First Named Inventor | Carmen Flosbach |
| Group Art Unit | 1762 |
| Examiner Name | Jennifer Kolb Michener |
| Attorney Docket Number | FA1043 US NA |

| ENCLOSURES (check all that apply) | | | | | | |
|--|-----------------------|--|--------------------------------------|---|--|--|
| Fee Transmittal F | orm | Assignment Papers (for an Application) | | ☐ After Allowance Communication to Group | | |
| Fee Attached | | Drawing(s) | | Appeal Communication to Board of Appeals and Interferences | | |
| Preliminary Amen | dment | Licensing-relate | ed Papers | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | |
| ☐ After Final ☐ Affidavits/dec | laration(s) | Petition | | Proprietary Information | | |
| Extension of Time (3 months) | Request | Petition to Conv | | Status Letter | | |
| Express Abandon | ment Request | Power of Attorn Change of Corr | ey, Revocation espondence Address | Other Enclosure(s) (please identify below): | | |
| ☐ Information Disclo | sure Statement | Terminal Disclaimer | | Amendment and Response to the Final Office Action Mailed April 29, 2004, Response to September 13, | | |
| Certified Copy of Document(s) | Priority | Request for Refund | | 2004 Advisory Action and Request for Continued Examination Under 37 CFR 1.114 | | |
| Response to Missing Parts/ Incomplete Application | | CD, Number of CD(s) | | Request for Continued Examination (RCE) Transmittal Certificate of Mailing Receipt Card | | |
| Response to Parts under 3 1.52 or 1.53 | _ | Remarks | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | |
| Firm or Individual name Hilmar L. Fricke, Registration No. 22,384 | | | | | | |
| Signature Iffilia Lefich | | | | | | |
| Date | Date October 14, 2004 | | | | | |
| | | CEPTIFIC | TE OF MAILING | | | |

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on the date shown below

Ellen M. Godfrey Typed or printed name October 14, 2004 Signature Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will any depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.



Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

> Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on October 14, 2004 .

Date

Ellen M. Soofser

Ellen M. Godfrey

Type or printed name of person signing Certificate

Application No.: 10/017,132 Filing Date: December 14, 2001

Title: Process for Repairing Coated Substrate Surfaces

Attorney Docket: FA1043 US NA

- Transmittal Form
- Fee Transmittal Form
- Request for Continued Examination (RCE) Transmittal
- Amendment and Response to the Final Office Action Mailed April 29, 2004, Response to September 13, 2004 Advisory Action and Request for Continued Examination Under 37 CFR 1.114
- Petition For Extension of Time Under 37 CFR 1.136(a) (3 months)
- Receipt Card

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

1 8 2014 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1660.00

| | Complete if Known | |
|----------------------|------------------------|--|
| Application Number | 10/017,132 | |
| Filing Date | December 14, 2001 | |
| First Named Inventor | Carmen Flosbach | |
| Examiner Name | Jennifer Kolb Michener | |
| Group / Art Unit | 1762 | |
| Attorney Docket No. | FA1043 US NA | |

| 1. BASIC FILING FEE Large Entity Small Entity | METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | | |
|---|--|-----------------------------|-----------|------------|-----------|--|----------|
| Seposit Account | ☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None | | | | | | |
| Deposit Account Number Q4-1928 | Deposit Account: | _ | Fee | | | Fee Description | |
| Account Deposit Account Deposit Account Acco | Denosit | | | | | | Paid |
| Deposit Account E. I. du Pont de Nemours and Company 133 30 30 30 30 30 30 3 | Account 04-1928 | | | | | Surcharge - late provisional filing fee or | |
| Account Name E. I. du Pont de Nemours and Company Name The Commissioner is authorized to: (check all that apply) Sharpe fee(s) indicated below | Deposit | 139 | 130 | 139 | 130 | | |
| The Commissioner is authorized to: (check all that apply) | Account E. I. du Pont de Nemours and Company | | | | | - | |
| The Commissioner is authorized to: (check at that apply) | Name | | | | • | - | |
| Charge any additional fee(s) during the pendency of this application Charge sea(s) indicated below, accept for the filling fee to the above-learnified deposit account 115 110 215 55 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 215 Extension for reply within first month 116 430 216 216 Extension for reply within first month 116 430 216 216 Extension for reply within first month 116 430 216 216 Extension for reply within first month 116 430 216 216 Extension for reply within first month 116 430 216 216 Extension for reply within first month 116 430 216 216 Extension for reply within first month 116 430 216 216 Extension for reply within first month 116 430 216 Extension for reply within first month 116 430 216 Extension for reply within first month 116 130 216 Extension for reply within first month 116 130 216 Extension for reply within first month 116 130 216 Extension for reply within first month 116 130 1 | The Commissioner is authorized to: (check all that apply) | | | | | • | |
| Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account 115 | | 113 | 1,840* | 113 | 1,840* | · · · · · · · · · · · · · · · · · · · | |
| BASIC FILING FEE Large Entity Small Entity Small Entity Small Entity Substitute Su | | 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 18 | | 116 | 430 | 216 | 215 | Extension for reply within second month | \vdash |
| 1. BASIC FILING FEE Large Entity Small Entity | FEE CALCULATION | | | | | | 870.00 |
| Small Entity Small Entity Fee Fee Fee Fee Fee Fee Description 120 340 221 170 Notice of Appeal | | | , | | | • • | |
| Fee Description Fee Pald 121 300 221 150 Request for oral hearing 121 300 221 300 221 300 221 300 221 300 | | 1 | | | | | |
| Code (\$) Code (\$) Fee Pald 121 300 221 150 Request for oral hearing Patition to institute a public use proceeding Patition to revive – unavoidable 141 1,370 241 685 Patition to revive – unintentional 142 1,370 241 685 Patition to revive – unintentional 142 1,370 242 685 Patition to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 144 150 Patitions to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 144 150 Patitions to revive – unintentional 142 1,370 241 685 Patition to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 144 150 Patitions to revive – unintentional 143 490 243 245 Patitions to revive – unintentional 143 144 150 Patitions to revive – unintentional 144 150 Patitions to revive – unintentional 145 | | i | | | | · | |
| 106 350 205 175 Design filing fee 140 110 240 55 Petition to revive – unavoidable 138 1,510 138 1,51 | | | | | | | |
| 107 550 207 275 | | 1 | | | | Petition to institute a public use | |
| 108 790 208 395 Reissue filling fee 141 1,370 241 685 Petition to revive – unintentional 142 1,370 242 685 Utility issue fee (or reissue) 143 490 243 245 | | 140 | 110 | 240 | 55 | | |
| 114 | 1 | | | | | | |
| SUBTOTAL (1) (\$) | | | | | | | |
| SUBTOTAL (1) (\$) | | | | | | | |
| 2. EXTRA CLAIM FEES Extra Fee from Fee Claims Fee Fee Claims Fee Fee Fee Claims Fee Fee Fee Claims Fee Fee Fee Fee Code (\$) Fee Code (\$) Fee Code (\$) Code | SUBTOTAL (1) | | | | | | |
| Extra Fee from Fee Paid | (4) | | 130 | 122 | 130 | Petitions to the Commissioner | |
| Total Claims | | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | |
| Independent Claims -3 = X 88 = | Claims below Paid | 126 | 180 | 126 | 180 | | |
| Multiple Dependent Large Entity Small Entity Fee Fee Fee Code (\$) | Independent | 581 | 40 | 581 | 40 | - - | |
| Dependent Large Entity Small Entity Fee Fee Fee Fee Code (\$) 103 18 203 9 Claims in excess of 20 104 300 204 150 Multiple dependent claims in excess of 3 104 300 204 150 Multiple dependent claims over original patent SUBTOTAL (2) (\$) 0 149 790 249 395 For each additional invention to be examined (37 CFR § 1.129(b)) 179 790 279 395 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application 169 900 169 900 Request for expedited examination of a design application Other fee (specify) | Multiple | 146 | 790 | 246 | 395 | - | |
| Fee Fee Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 104 300 204 150 Multiple dependent claim, if not paid 109 88 209 44 Reissue independent claims over original patent 110 18 210 9 SUBTOTAL (2) (\$) 0 | Dependent \(\times \) | 149 | 790 | 249 | 395 | For each additional invention to be | |
| Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 102 88 202 44 Independent claims in excess of 3 104 300 204 150 Multiple dependent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 | Fee Fee Fee Fee Description | 179 | 790 | 279 | 395 | | 790.00 |
| 102 88 202 44 Independent claims in excess of 3 104 300 204 150 Multiple dependent claim, if not paid 109 88 209 44 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 | Code (\$) Code (\$) | 169 | 900 | 169 | 900 | Request for expedited examination of a | |
| 109 88 209 44 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 | | | | I | | acaigii appiication | |
| 109 88 209 44 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 | 104 300 204 150 Multiple dependent claim, if not paid | Other | fee (spec | cify) | | | |
| over original patent SUBTOTAL (2) (\$) 0 | | | , , | - | | | |
| | 110 18 I 210 Y | | | | | | |
| **or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1660.00 | SUBTOTAL (2) (\$) 0 | | | | | | |
| | **or number previously paid, if greater; For Reissues, see above | *Redu | ced by Ba | asic Filin | ng Fee Pa | aid SUBTOTAL (3) (\$) 1660.00 | |

| SUBMITTED BY | | | | Complete | Complete (if applicable) | |
|-------------------|------------------|----------------------------------|--------|-----------|--------------------------|--|
| Name (Print/Type) | Hilmar L. Fricke | Registration No. Attorney/Agent) | 22,384 | Telephone | (302) 984-6058 | |
| Signature | Milmen & | Smil | | Date | October 14, 2004 | |